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	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH County State Ching on a	, ÷	
	District or Township or Village. City. No. St. Ward (If hirty occurred in a hospital or subtilition, give its NAME instead of street and number (If child is not yet named, make supplemental report, as directed).		ř.
	S Sex of Child To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 4. If vin, triplet or other 6. Legitimate? To be answered ONLY 5. No., in order of birth 6. Legitimate? To be answered ONLY 5. No., in order of birth 6. Legitimate? To be answered ONLY 5. No., in order of birth 6. Legitimate? To be answered ONLY 5. No., in order of birth 6. Legitimate?	. Part of the state of the stat	
ited.	2. Residence (Usual place of about Certain If non-resident, give place and state. 15. Residence (Usual place of about Certain If non-resident, give place and state.		Ð
of Arth sta	10 Color for race 11. Age at last birthdax 3 (Years) 12. Birthplace (city of that) 17. Age at last birthday 1. (Years)	•	
order	12. Birthplace (office or place) (State of configuration 13. Occupation Nature of industry Nature of industry Nature of industry	~	
	20. Number of children of this mother		
	I hereby certify that I attended the hirth of this child, who was (Born alive cotiliboration of the date above stated.) (When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.) Signature (Physician or midwife):		
	Given name added from a supplemental report Month, day, year Filed Huly 6, 1929 M. Registrar Registrar		

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